



BUREAU OF WEIGHTS AND MEASURES
DEVICE LICENSE APPLICATION
(PLEASE PRINT CLEARLY)

Business Name _____

Mailing or Billing Address _____

Physical Address _____

City, St, Zip _____

W&M Business ID NUMBER _____

COMPLETE THE ABOVE INFORMATION, INCLUDE W&M BUSINESS ID NUMBER
THE W&M BUSINESS ID NUMBER IS GENERATED BY THE LOCAL W&M INSPECTOR

INDICATE THE NUMBER AND TYPE OF DEVICES LOCATED AT THE ABOVE PHYSICAL ADDRESS AND ASSOCIATED BUSINESS NUMBER. DEVICE CODES AND THE KEY FOR DESCRIPTIONS ARE ON THE BACK OF THIS FORM. PLEASE COMPLETE THE ENTIRE FORM AND RETURN TO ISDA W&M.

(example)
(6)

(G)

(Motor fuel device ≤ 30 gpm)

(\$5.00)

(\$30.00)

NO. OF DEVICES	DEVICE CODE	DESCRIPTION	FEE	SUB TOTAL
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL FEE SUBMITTED \$_____

(PLEASE PRINT)
CONTACT PERSON _____

PHONE NUMBER _____

DATE _____

RETURN COMPLETED FORM ALONG WITH A CHECK FOR THE TOTAL FEE TO:

ISDA BUREAU OF WEIGHTS & MEASURES
PO BOX 790
BOISE, ID 83701

phone: 208-332-8690

fax: 208-334-2378